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## ORIGINAL COMMUNICATIONS.

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## A CASE.

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BY EDWARD SELZER, M. D., OAKLAND, CAL.

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I HAD to treat a tumor. It was a painless one, an innocuous one. It felt like a doughy mass. It was situated exactly over the external condyle of humerus. It was circular, and measured about two and one-half inches in diameter. The patient had no feeling in it at all. I do not know how I shall call it, but I call it pulpy disease, and so does Bryant in his "Surgery," p. 766, Philadelphia edition, 1873; or, better, I call it so because that authority calls it so. Well, the patient, a very powerful and muscular mechanic, was not inconvenienced in his avocation in the least. I thought to try first medicine before surgery, because I thought this accumulation more a symptom than a disease. So I gave him iodide of potassium, in fifteen grain doses, largely diluted, two hours after meals, for one week. On the second week I gave him Karlsbad water three times a day. Had I been able I would have given some other saline solution, but the patient was averse to anything else. The tumor disappeared entirely by the third or fourth day of the second week, and at this date, second month after treatment, everything is perfectly normal.

The Karlsbad water has been taken almost continually until now, August 9. I add here, for the benefit of some readers, that the Karlsbad water is an effervescent water with the soda salt largely predominating (carbonates, chloride, and sulphate). It also contains magnesium and ferrous carbonate in traces, sulphate of potassium, phosphate of aluminum, and silica in small quantities (after Wood, Remington, and Sadler's Dispensatory, 1884, p. 1847).

Iodide of potassium may be employed externally in glandular swellings of chronic standing. But the method of exhibiting the same is another question. The fluid form is certainly most proper, provided it be in a vehicle not adverse to absorption. I have found the liquid opodeldoc, or the officinal *tinctura saponis camphorata*, an excellent solvent and vehicle for the external employment of iodide of potassium. It has been proven that saponaceous vehicles are easily absorbed by the skin, and this tincture of soap is certainly just the thing. In any pronounced inflammation about three-fourths of water should be added.

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#### CLINICAL NOTES.

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BY H. T. WEBSTER, M. D.

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**CASE I.**—Mrs. L, aged 33, applied for relief from severe pain in throat; location in lower portion of pharynx, on left side; pain constant and throbbing, but much aggravated and sharp and stinging upon deglutition. Febrile symptoms, skin dry and husky, pulse 90, tongue clean, bowels regular, urine normal, appetite not materially impaired. Inspection *per oreum* failed to discover marked evidences of inflammation in pharynx; some injection of pharyngeal veins, but no bright redness. No external swelling or tenderness. Pain shooting to left ear on swallowing.

**DIAGNOSIS.**—Irritable ulcer, low down on left pharyngeal wall.  
I prescribed the following:—

|   |                     |          |
|---|---------------------|----------|
| R | Tincture aconite    | gtt. v.  |
|   | Tincture gelseminum | gtt. xx. |
|   | Tincture phytolacca | fl. 3i.  |

Add water to four ounces. Sig.—Take a teaspoonful every two hours.

Patient returned on third day, a little better; febrile symptoms abated; discouraged; pain kept her awake nights; swallowing was so painful she could not eat. Treatment changed; continue phytolacca in proportion of 3*i.* to four ounces of water, but omit the sedatives. A probang was saturated in a five-per-cent solution of carbolic acid in glycerine, and carried well down into the pharynx past the location of pain. Patient said she felt the sponge touch the sensitive spot. Three days afterward patient returned much improved; continued phytolacca. One more application seemed to complete cure. On the fourth day after last application, patient returned worse than ever. Had taken cold and was feeling very uncomfortable. Lachesis has a special affinity for the throat. Some assert its superior virtue if affection is on left side. Prescribed lachesis 6 dec., trituration two grains at a dose four times daily. Again swabbed the throat with the carbolic acid and glycerine. On the third day afterward, the patient reported herself well. She has continued thus for a month.

CASE II.—Mr. H., age 56, applied for relief from retention of urine. Had not been able to micturate except a few drops at a time for more than twenty-four hours. Patient plethoric and vigorous, face flushed and perspiring from straining to evacuate. Had fallen while working at his trade, that of house builder, a number of years before, and injured the urethra some, though he had never before been unable to void a stream; hypogastrium full and tense. Tried Jacques' catheter No. 9, but it met an obstruction before it reached the membranous urethra. Patient and persistent effort failed to persuade it past this point. Substituted silver catheter No. 11, American scale; no success. Patient complained of pain from efforts made to urge it onward. Evidently it was not best to use too much force. In old men traumatism of the urethra is not a pleasant condition to contemplate. Resolved to try electrolysis. A Stohrer galvanic battery was procured and an electrode insulated to the extremity, which was armed with a pointed bulb of the size fourteen American scale, in its largest diameter, was introduced. A current

of ten or twelve cells was allowed to traverse the circuit, while gentle but firm pressure was made on the instrument. For a few seconds the stricture resisted, then with a sudden start the obstruction was passed. The instrument was now withdrawn and the patient advised to attempt to urinate. A little effort expelled a clot of coagulum, which was immediately followed by a stream of urine. The micturition was prolonged and grateful, the patient soon presenting an aspect of comfort in marked contrast to his former anxious and worried appearance. The third day afterward he reported his relief permanent.

**CASE III.**—Mr. M. presented himself, complaining of a throbbing pain in the back of the right hand, which was full, tense, and shining, the swelling tending upward along the tendons of the extensor muscles. The second day previous he had bruised the forefinger of the affected hand. At this spot was located a bleb. Hand very painful when allowed to hang.

**DIAGNOSIS.**—Erysipelatous inflammation involving cellular tissues, and threatening the sheaths of the tendons.

**TREATMENT.**—Suspend hand and forearm in arm suspensory, so as to keep the hand elevated. Prescribed *rhus tox.* for its special action in controlling erysipelatous inflammation, in the following combination:—

|   |                |         |
|---|----------------|---------|
| R | Rhus tox.      | gtt. x. |
|   | Aconite        | gtt. v. |
|   | Ad. aqua q. s. | 3iv.    |

**Sig.**—Take a teaspoonful every hour.

As a local application, keep the hand wrapped in a cloth wet with saturated solution of acetate of lead.

On second day patient found to be improving. Pain subsiding and redness about gone; part still swollen and stiff, but not so hot. Renewed prescription. On sixth day patient seen again; swelling and tenderness gone; could carry the hand at the side without inconvenience. Injured forefinger still stiff. A few days later patient seen at work, well to all appearances.

*(To be continued.)*

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MY REASON FOR BELIEVING IN ECLECTICISM.

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BY H. VANDRE, STUDENT CALIFORNIA MEDICAL COLLEGE.

I BELIEVE in medicine above all. There should be a true spirit of liberality displayed, free and many exchanges made, courtesy towards one another as physicians only.

Previous to taking up my studies in the California Medical College, having practiced pharmacy many years in this State in allopathy, homeopathy, and eclectic pharmacies, respectively, having given one and each its due attention and merit during my pharmaceutical capacity, I took particular care and pains to note the effects, actions, and results of the different remedies, and some of the same remedies under different forms as now used in the above schools of medicine.

I have gained a profitable knowledge, and advantage over some, as certainly each system of itself is not infallible, but by an intelligent blending of each leads to *better* results, as experience demonstrates. Call this what you will, eclecticism or otherwise, but let us be gentlemanly. I have had, during my pharmaceutical time, honest but *timid* physicians ask, in *sotto voce*, is this or that good, and *vice versa*. My answer was candid. The result of such an exchange was beneficial in many cases. (To the patient this is humane; to the physician a part of his education, his duty.) Let us exchange ideas, views, methods, remedies, etc., and in the heat of discussion if we have gained nothing but acquaintance, that will be a step forward, and, in departing, let us extend the hand of friendship and brotherhood as physicians. Again let me repeat, gentlemen, you have many good things on your side. Have we not on ours? Do we know it all respectively? We can, by an intelligent and harmonious blending, obtain greater results. Let us have meetings, banquets, if you choose, inviting our opponents; treat them well. I assure you the result would be better than fighting (like game cocks) through the press (journals). Let us use our journals for medical literature and information. Individually we consult one another (wills must when the devil drives), but collectively we stand in our own light.

## FRACTURE OF THE PATELLA.

BY LYMAN WATKINS, M. D.

ON the forenoon of April 12, 1886, Otto H., aged twelve years, in trying to excel his companions, jumping from a bridge into a bed of sand fourteen feet below, fractured the left patella. The fracture was simple transverse, the interval between the fractured portions being about two inches. The parts were brought together, and a figure of 8 bandage was applied around the knee. Nothing else was done, the limb being kept extended for three days, after which time, knowing the poor results obtained from the many kinds of devices conceived to bring about bony union in a fracture of this kind, and the general failure of them all, I concluded to apply a plaster of Paris dressing. The reasoning which led me to that step was that I believed the cause of ligamentous union almost always occurring in fracture of the patella, was from the great difficulty we had in keeping the parts perfectly immobile, and I thought where they could be held in contact and immovable we would always have bony union. Therefore a plaster dressing was applied as follows: Three roller bandages three inches wide and four yards long were prepared as usual in the application of plaster of Paris dressings; a box of dry plaster, plenty of salty, warm water and two or three basins, a table, an apron, and a towel. The limb was thoroughly washed and dried, and then enveloped in a layer of absorbent cotton; over this a muslin cover was drawn tightly and sewed. The patella was left exposed; the figure of 8 bandage was not removed. Now one of the rollers was moistened in the salty, warm water for a few minutes, and applied evenly over the limb from heel to hip. Then a layer of plaster cream, previously mixed up with the salty water, was spread evenly over the applied roller. The next roller was then put on and plastered over, likewise the third and last. The whole was then enveloped in a piece of muslin drawn snugly around the limb, sewed along the anterior aspect and carefully trimmed off. The rollers were so applied as to press the fragments of the patella together, being made to pull down on the upper portion, and up on the

lower. The patella was not covered but was left open for inspection, the dressing fitting up closely to it.

The plaster hardened very hard and held the parts firmly together, never yielding a particle. In six weeks the dressing was removed; bony union was perfect. There was slight stiffness in the knee joint at first, which soon passed away, and at this writing there is no apparent difference in the limbs.

I have been thus particular in giving the manner of applying the splint in this case, because anything to be of benefit to others in a case like this, must be practical and definite.

## SELECTIONS.

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### SOME CASES OF ANCHYLOSTOMASIA (PERNICOUS ANÆMIA).

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(Translated from *Le Prog. Medical*, of February 6, 1886, by Horace F. Ivins, M. D.)

IN the course of the year 1885, we have had occasion to observe several persons who were suffering from pernicious anæmia, and whose symptoms the treatment with iron did not alleviate. Upon microscopical examination, the stools of these patients revealed the presence of ova of a parasite called the *ankylostoma duodenale*.

This parasite was discovered by Dubini in 1831; Griesinger met with it twenty years later, in an individual who died from Egyptian chlorosis. In 1863, Wacherer observed it in Brazil.

It was not, however, until the St. Gothard was being tunneled that the relationship existing between the anæmia and the ankylostoma was fully established by two Italians, Perroncito and Corseoli. Later, the ankylostoma was observed in France and Germany; finally Messrs. Masius and Firket published in the *Bulletins de l'Académie de Belgique* (January 31, 1885) the histories of several cases of anæmia due to ankylostoma, with which they had met among the colliers of the mines of Liège.

Our patients were principally from the inhabitants of Liège and its environs, who, during the busy season, went to work in the brick-kilns in the neighborhood of Cologne, where they contracted the affection. We verified in them the divers symptoms of pernicious anæmia: pallor of the face, decoloration of the mucous membrane, excessive muscular weakness, indolence and inaptitude for work, cephalalgia, vertigo, derangement of the circulatory apparatus, and of the digestive organs. The red corpuscles of the blood presented alterations in form, number, and volume; the white corpuscles were generally normal.

These symptoms presented themselves with varying degrees of intensity in the different cases, but those which characterized the

affection were the intense abdominal pains of which the patients constantly complained.

The microscopical examinations of the stools revealed the existence of ova of the ancylostoma, the number of which was, we may say, in proportion to the severity of the symptoms. The eggs are oval in form and have an average long diameter of 0.05 mm. They consist of quite a thick membrane of double contour, in the interior of which is found the vitellus. This may be simple but is often segmented; in two, four, eight, etc., cells all formed of a dark protoplasm, granular, and of a slightly conspicuous nucleus.

These eggs are developed by the larvæ, which multiply in the duodenum and cause the anæmic condition.

Accounts of some cases follow:—

**OBSERVATION I.**—Jean Thielen, æt. 37 years, laborer, brick-maker of Cologne. On the 29th of October, 1884, he entered the hospital. Since August, the patient had been very anæmic; for this condition the Ferrum treatment gave no relief. On his arrival at the clinic, he complained of violent palpitation and of severe abdominal pains. In his passages a large number of ova was found, *i. e.*, eggs of the ancylostoma and some of the trichoccephalus. He was treated by anthelmintics, which soon resulted favorably. Thirty grams of the ethereal extract of male fern destroyed the ancylostomes, after which the iron treatment relieved the condition which these parasites had produced.

To-day, Thielen occupies a situation in the hospital and has never had a return of his anæmic condition.

**OBSERVATION II.**—Pierre Streels, æt. 34, entered the service in November, 1885; his condition caused considerable anxiety. He had previously been treated here, without success, for a grave anæmia.

After the presence of the ancylostomes was discovered, he received, in three doses, ten grams of male fern; he was later submitted to the iron treatment. He left the hospital on the 10th of January, 1886, entirely cured.

**OBSERVATION III.**—Guillaume Münstereifel, 23 years of age,

contracted anchylostomiasis in Cologne; he came to us about the middle of September, but remained only a few days.

November 26, he re-entered the service. During his absence from the hospital, his condition grew considerably worse; he was extremely feeble, and complained continually of cephalalgia and of abdominal pains. Twenty grams of the ethereal extract of male fern destroyed the parasites. The patient left the hospital in a good way to recover.

**OBSERVATION IV.**—Rémy Dister, æt. 17, had been relieved of anchylostomiasis duodenale while under the care of Dr. Leichtenstern of Cologne; however, the patient did not remain sufficiently long under treatment to be entirely cured. Some ova of the anchylostoma were found in the stools. We completed the cure so well commenced by the German physician.

In several cases of marked anæmia, but less severe in degree than the preceding, the ova of the anchylostoma were found. The cures were effected by the usual treatment. It was necessary to administer the male fern in ten gram doses, repeated at several days' interval. When the microscope fails to reveal the ova in the excreta, the remedy should be discontinued; it is then that the ferrum, restorative, treatment should be instituted.—*Ed. Snyers, in Hahnemannian Monthly.*

#### MERCURIALIS PERENNIS.

DR. HUGO SCHULZ published in the twenty-first volume of the *Archiv. f. Experimentelle Pathologie and Pharmacologie* provings on animals made with *Mercurialis perennis*.

After a historical notice, he cites, among others, Gmelin, who considers the plant without effect on goats, but fatal to sheep; and people who gathered plants for the table, and used them, suffered sometimes from severe vomiting, copious diarrhea, burning in head, spasms, deep sleep, and in some cases death followed. According to Matthiolus (*Kreutterbuch*, Frankfort, 1590) and Tabernæmontanus (Basel, 1731), poultices of it, applied to the vesical region, cured tenesmus vesicæ. The plant contains a peculiar coloring matter (indigo according to Altscheel) and a vola-

tile base, mercurialism, which is found in the *M. anseca* as well as in *M. perennis*, and according to E. Schmidt it is identical with methylamin. In the *M. anseca* are also traces of trimethylamin.

Schulz made his first experiments with the fluid extracts on young pigs. Subcutaneous injections of several cubic centimeters gave no results. Larger quantities (59-100 c.cm.) were then given in milk. The animals began to tremble as if they had a chill, the skin changed color, especially on the head, got red, and after short intervals, trembling set in with severe ructus, but no vomiting. Micturition was greatly increased, followed by diarrhea and a constant desire to pass water. After a week's rest bingelkraut (dog's mercury) was mixed with the food, so that they took about four pounds of the fresh plant with their fodder, and the result was that their bedding was soaking wet, though daily renewed.

1. May 7, 1885, a large gray rabbit received in the forenoon 5 c.cm., and in the afternoon 10 c.cm. of the fluid extract subcutaneously, and the following day the dose was repeated. Immediately it urinated about 100 c.cm. of slight alkaline reaction. The color of the urine was dark brown-red, as if it were a hæmaturia. It looked murky with a tendency to form a sediment, which disappeared fully after the addition of a little nitric acid; the color became a cherry-red, no albumen. During the day, the first scanty defecation.

May 9, 50 c.cm. urine of the same kind. At noon it was killed. After opening the abdomen it was shown that the tremendously enlarged bladder filled the whole abdomen. Measured in situ, its greatest length was 15 cm., its greatest breadth 7 cm. The urethra was ligated and the whole bladder taken out to measure its contents, which were 300 c.cm. urine, of lighter color than on the preceding days, but still tolerably dark; made a large humpy sediment of a clay-color, which, mixed with nitric acid, dissolved with effervescence. Examination showed it to be mucus, on which carbonate of lime was deposited. Microscopically it consisted of enormously long formations, similar to cylinders, thickly mixed with granules, and it may be supposed that the peculiar cylindrical form of the mucous masses came from the

ureters. Not a trace of albumen. The kidneys were oedematous, otherwise normal; liver and spleen full of blood. Stomach and intestines showed nothing abnormal; cavum abdominis contained much fluid, perhaps a transudation from the walls of the bladder.

2. Another experiment on a rabbit gave the same results. May 9, 10 c.cm. of the fluid extract subcutaneously. During twenty-four hours it passed 70 c.cm. urine of the same hæmaturic color and with the same sediment, only the cylinders were thinner and shorter. May 10, no injection, but still the animal discharged the enormous quantity of 250 c.cm. urine, with the characteristic color. On the same day it had the first copious, but normal stool. May 12, the same dose; it passed 110 c.cm. urine. May 13, 125 c.cm. urine. May 14, 120 c.cm. urine; scanty stool; animal is lively and feels well. May 15, 120 c.cm. of yellow urine, which looks normal. Another injection of 10 c.cm. of the fluid extract. No urine discharged from forenoon of the 15th to the evening of the 16th; defecation moderate, appetite good. May 17, 350 c.cm., urine of deep dark-red color with copious sediment, but this time nitric acid did not clear it up entirely, and even the urine of the 18th, 200 c.cm., remained murky after the addition of nitric acid, otherwise yellow. May 19, 180 c.cm. urine. It was killed and a large quantity of fluid found in the abdominal cavity. The largely extended bladder still contained 60 c.cm. urine; the kidneys were hyperæmic, and the microscope failed to show any structural changes. The left pleural cavity also contained much clear fluid; the left lung was of a dark-brown color, under the pleura pulmonalis dextra et sinistra numerous red spots and points, partly of older date.

3. A rabbit was fed only with mercurialis perennis; another one only with clover:—

Mercurialis, weighing 3060 g.

June 4. Eats very little; passed

200 c.cm. urine of  
normal color, making  
a large sediment.

" 5. No urine; eats well.

" 6. No urine nor stool.

" 7. 70 c.cm. urine.

Clover, 2400 g.

Passed 130 c.cm. urine.

50 c.cm. urine.

70 c.cm. urine, stool daily.

110 c.cm. urine, stool daily.

|   |                                |
|---|--------------------------------|
| June 8. No urine nor stool.   | 80 c.cm. urine, stool daily.   |
| " 9. No urine; small normal stool.  | No urine, stool normal.        |
| " 10. No urine; small stool.  | 150 c.cm. urine, stool normal. |
| " 11. 150 c.cm. urine, now of a dark-brown color, slightly murky under nitric acid; stool scanty. | 90 c.cm. urine.                |
| " 12. Hardly any urine.   | 100 c.cm. urine.               |
| " 13. 30 c.cm. urine, of a dirty yellow color with copious sediment.                              | 100 c.cm. urine.               |

The supply of Mercurialis gave out and both rabbits received clover.

June 15. 80 c.cm. urine and very copious stool. 180 c.cm. urine.

In the afternoon the Mercurialis rabbit was killed. The greatly distended bladder still contained 150 c.cm. urine, free from albumen. The copious sediment found in the bladder contains the long mucous cylinders in large quantities, and also the peculiarly formed concretions of carbonate of lime. Nothing abnormal in the kidneys. During that time he passed only 530 c.cm.; the rabbit fed with clover passed 1060 c.cm. In all animals, a paralysis of the bladder with a simultaneous abnormal urinary secretion was excited. Sheetz thinks that the kidneys are only secondarily affected, as no inflammatory manifestations were observed. The œdema and the slight traces of albumen are easily explained by the high grade of urinary stagnation.

Is the coloring matter related to indigo, the active principle of *M. perennis*? Strahl witnessed from indigo several renal colic, but neither vesical, paralysis, nor polyuria.

Comparing Scheetz's experiments with the homeopathic literature in relation to *M. perennis*, Altscheel remarks that it causes salivation, and that it contains indigo, as the root gives a blue tincture. In large doses, it causes frequent stools, vomiting, a burning heat, coma, convulsions, and even death. From published provings we learn that the chief action of *M. perennis* expends itself on the internal and external senses, the eyes, the

peripheral nerves, on the intellect, on the mucous membranes, on the arterial system, the intestinal canal, on the urinary secretion, on the uterus and on the articulations. Scheetz only studied objective symptoms on animals; Hesse and others, subjective symptoms on man.—*Zeitschrift der Karl. hom. herzte.*, v, vi.

Looking at the symptoms of Scheetz in their totality, and comparing them with the provings made by Hesse as recorded in *Allen's Encyclopedia*, we feel that this remedy, from the *embarras des richesses* of our *materia medica*, perhaps, is entirely neglected by most of our authors on *materia medica*, for only Heinigke has a short article on it, whereas Hering, Lippe, Burt, Cowperthwaite, and Hempel and Arndt pass it by without noticing it. And still this nervous remedy deserves some consideration not only in paralysis of the bladder, where our armamentarium is not so very large, but also in diabetes insipidus, and perhaps even in diabetes mellitus, for its action clearly shows that the trouble is primarily of central origin, hence the lassitude, indolence, apathy, and peevishness, the dim-sightedness, and watering of the eyes, with general soreness; the rheumatic disorders in the cavities of the body from faulty innervation. It seems that the brunt of the action of *Mercurialis perennis* is spent on the vesical mucosa, and still neither Raue, Kafka, nor Baehr mention it in their works.

We know that very often in paretic states of the bladder patients have often to press for some time before they are able to urinate, and even then the stream has no strength and dribbles away. Often do such patients complain of the fullness in the abdomen, and though they urinate frequently, only small quantities pass in spite of all their laborious urging, and in most such cases, we find the central nervous system affected. Scheetz's autopsies confirm this paretic state, and we have thus one drug more which may help us, *cæteris paribus*, in this dire affliction, especially as most authors give rather an unfavorable prognosis in that disease.

Will it ever be indicated in polyuria? This is also in most cases of nervous origin, and Cantani believes that the increased

process of combustion, which causes hyoturia, is always induced by abnormal nervous influence from the central nervous system; just as in the provings of *M. perennis*, albumen is rarely found in the urea, which is usually of a pale yellow color, or clear as water, and of light specific gravity. Such patients complain of emaciation and debility, of dry skin, small and weak pulse, low temperature, vertigo, headache, insomnia, neuralgia, impotence, and melancholia; and Allen gives us for *M. perennis*: Despondency, sadness, peevishness, vertigo with heat in the head; fullness and tension in the head; eyes dim, misty, as if swimming, and tears; very sickly look; lips dry with increased thirst; very great appetite; unusual urging to urinate with increased discharge; more frequent micturition than usual; tired and prostrated in all the limbs; indolence, discomfort and dizziness; sleepiness; chilliness over the whole body with heat of the face, etc.

*Mercurialis perennis*, so long neglected, may certainly claim to be a simile to such diseased states, and deserves, therefore, our attention.—*Dr. Windelband, in Hahnemannian Monthly.*

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### ALLEGED DAMAGE.

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IT is shameful that there be so many mischief-makers in the medical profession. I was lately called to attend court in an alleged malpractice suit. A reputable physician had been solicited to prescribe for a "lame knee," and he left a mixture of aconite tincture and water,—an ounce of the former to five or six ounces of the latter. As soon as this had been applied, the patient, a girl of eighteen or nineteen, went into "spasms." Another physician was called in the emergency, and he intimated that the convulsions came from the local application of a poison. This announcement provoked a disposition to collect damages of the doctor first called. A young attorney was found who agreed to take the legal management of the case on the "shares," or at "the halves," as would be asserted among farmers in New England. The second doctor called had no show to collect a bill from the parents, so he took his chances in the outcome of the prosecuting scheme. In about six months the case reached trial,

and the court house was jammed with visitors. The jury was made up of farmers quite in sympathy with the prosecutrix. At the opening of the attorneys the pale and interesting young lady, dressed in white, was brought into the forum on a stretcher. She was as white as marble, and appeared the victim of prolonged suffering. I never saw a better dramatic display enacted in a theater. It was a regular *coup d'etat*. The defendant became pallid, and spectators looked upon him as if he were as good as convicted. The alleged damages were \$20,000, but the doctor was not worth \$1,000. Well, the prosecution proceeded, and seemed overwhelming against the defendant, until a well-directed cross-examination developed the fact that the girl was addicted to paroxysms of hysteria; and that she had been treated in a distant city for "hysterical knee." In fact a surgeon's affidavit was obtained to that effect. I was allowed to examine the joint at patient's boarding-house; but she was so fidgety that she would jump before I touched her. There was no sign of swelling, no discoloration, no stiffness except that which came from prolonged inaction. The girl's mother was proven to be given to "spasms," and the whole family appeared to be a shiftless, good-for-nothing set. The prosecution was palpably a put-up job to gain sympathy, notoriety, and a little money. The jury disagreed, but I doubt whether the case ever comes to trial again. The prosecution will have to furnish bonds to secure the county against losses; and the costs for continuance will have to be met at once. The defendant is a homeopath, and a very clever gentleman. If he had not owned a pretty cottage, or had no visible property, he would never have been prosecuted. It is unfortunate that doctors are so often attacked by suitless lawyers who are ready to take cases on "shares." The beginners of such suits will say, "We haven't got to lose anything, and we may make." Then there is the teasing desire to have a topic,—a chance to get into court and be noticed. Why, this miserable family never had so much notice taken of it before. The members imagined they had become somebodies, while up to the time of bringing the suit they were nobodies. The doctor who falls into the tender mercies of such a set is to be pitied. And the practitioner of medicine who will aid and abet a prosecution of the kind against a rival, is mean and contemptible.—H., in *Eclectic Medical Journal*.

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**PERITYPHLITIC ABSCESS—INCISION AND DRAINAGE—RECOVERY.**

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DR. F. J. ADAMS, Assistant Surgeon United States Army, of Fort Assinaboine, Montana Territory, reports the following case: A private, twenty-four years of age, after some premonitory symptoms of general malaise, was taken with cramps in the abdomen, accompanied with slight fever. He received morphine for the pain, but the fever continued, ranging from 100° in the morning to 103° in the evening. On the tenth day there was considerable tympanites, with tenderness in the right side of the abdomen from Poupart's ligament to the false ribs; there was some doughy swelling, but no distinct tumor, and no signs of fluctuation could be detected. During the next four days the difference between morning and evening temperature was on the average 3°, and the general symptoms indicated the formation of pus, though no fluctuation could be detected. On the evening of this day the needle of a hypodermatic syringe was inserted above the crest of the ilium, but no pus was found. The following morning an aspirator needle was thrust into the right side, a little above the crest of the ilium, and about two and one-half inches posterior to the anterior superior spine, downward and backward deep into the iliac fossa, and through it some very offensive pus was withdrawn. The patient was then etherized, and an incision was made about an inch above, and parallel to, the crest of the ilium.

The muscles of this region were healthy in appearance, but the transversalis fascia was somewhat thickened, and upon being freely incised there escaped at least one pint of thin, ichorous pus of strong faecal odor. The cavity was explored with the finger, but no foreign body could be detected. After the cavity of the abscess had been thoroughly washed out with a solution of carbolic acid, a drainage tube was inserted, and the wound dressed with iodoform and oakum. The following morning the temperature had fallen from  $102\frac{3}{5}$ ° Fahr., to 98° Fahr. The cavity was each day washed out with a carbolized solution, and the patient did fairly well until the seventh day, when the tem-

perature rose to  $101\frac{3}{5}^{\circ}$  Fahr., and although there was free discharge from the tube, the symptoms for four days following indicated the retention of pus. Accordingly, he was again etherized, the opening was enlarged, and upon exploration with the finger a pocket of pus was discovered extending farther down into the iliac fossa. Free exit was given, and a rubber tube of one-half inch caliber inserted into the cavity for drainage. Each day a soft catheter was introduced through this tube, and the abscess cavity well washed with carbolized solution. The progress of the case from this time was good, and at the end of a month the wound had entirely healed.

Dr. Adams continues: "In the treatment of this case, it is now evident that the exploration with the aspirator needle should have been made as early as the tenth day instead of the fourteenth, or when the great difference between morning and evening temperature occurred, which, with other obscure constitutional symptoms, indicated the probable formation of pus. It was found that the largest size drainage tube furnished by the Medical Department of the Army was much too small for the purpose of thorough drainage, and a stiff rubber tube, one-half inch caliber, was used, and proved to be entirely unirritating, and was extremely effective, the improvement of the patient being constant from the time it was first inserted. I am of the opinion that had such a one been introduced from the first, the necessity for a second operation would not have occurred."—*Medical Record.*

#### A NEW DISPENSATION.

WE want a new dispensation in the practice of medicine, when physicians will have such regard for public morals and the public weal that they will not pander to the most destructive of man's appetites.

Opium eating, the accursed habit which renders so many lives miserable, is to be charged to the profession of medicine. Physicians know the wrong, and yet continue to prescribe the drug in the most reckless manner. I will assert that it is not

needed once in twenty cases where given, and my experience will warrant the statement that it need not be used at all.

Concede that pain must be relieved by the narcotic, and yet the giving of a prescription to be filled by the druggist, which can be refilled *ad libitum*, at the request of the holder, is most reprehensible. Within the month I have been called to a case in which a prescription for morphine had been refilled for seven years, and the woman made a confirmed opium eater. This is not an isolated case, for I have been in many houses where the mixture containing morphine or opium was in constant use, being put up repeatedly from an old prescription. I recall one such instance in which a fatal dose was given to a child.

It is bad enough to grow the opium habit, but still worse to grow appetites for liquor, and drunkards by the hundred. Said a mother to me, "I should have had no trouble with my boys, if it had not been for Dr. M.'s prescriptions, and the druggist who makes his money by selling whisky." It is too true that the country drug store is many times worse than the saloon. It makes drinking respectable, cloaks it so that one may tipple without discovery, and in this form is a curse to any community.

I never prescribe alcoholic stimulants to a patient under fifty, and rarely except in old age. I find patients get along just as well without it—indeed better without it; and I prefer to have a conscience clear in the matter of growing drunkards. My prejudice, if prejudice it is, extends to all medical preparations having alcohol in stimulant quantities as a basis, and I thus reject elixirs, bitters, etc.

Recently the country has been flooded with advertisements of "malt whisky," which is put up in form for easy purchase, and easy tippling under the pretense of taking medicine. Physicians have appended their names to certificates recommending this whisky in all manner of diseases. All that seems necessary to catch a doctor is to give him a bottle of the stuff, whatever it may be, and a bottle of whisky is most kindly received and taken by the majority. We sometimes wonder that so many physicians drink themselves to death; it illustrates the fact that sometimes doctors take their own medicine.—*Eclectic Medical Journal.*

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**HELENIN IN DIPHTHERIA.**

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DR. JUAN BELTRAN OBIOL has communicated to *La Cronica Médica* a paper on the subject of the successful treatment of diphtheria by means of helenin. He refers to a work by Dr. E. Pilatte, published in Paris, and entitled "Recherches Experimentales sur le Bacile de la Tuberculose," in which it is stated that the three substances most destructive to cultivations of bacilli are, in the order of their activity, (1) sulphuretted hydrogen; (2) corrosive sublimate; (3) helenin. The first two of these are, of course, out of the question for diphtheria. Helenin, therefore, is the only one which can be used for this purpose. Dr. Obiol is very particular about the helenin he employs, for he finds many specimens in the market which are exceedingly impure. When pure, he says, it is perfectly white and flocculent, like sulphate of quinine. It has an aromatic odor and a bitter aromatic taste. It is insoluble in water, and does not communicate to it any opalescence. It is very soluble in alcohol, and even more so in ether, the solutions being clear, colorless, and depositing no sediment. It is also soluble to the extent of two per cent in oil of sweet almonds. Impure specimens are apt to be granular, heavy, yellowish, only slightly bitter, with a resinous odor, and they sometimes impart opalescence to water, and deposit a precipitate from their solutions in alcohol and ether. Another substance sold as helenin, but which is said to be a derivative of shalin and not to possess the antiseptic properties of helenin, is crystalline, only slightly soluble in ether and alcohol, and not at all in oil of sweet almonds. The pure drug is insured by prescribing "helenin (Baeza)." The author's plan was to apply powdered camphor on the end of the finger to the diphtheritic patches, and then to paint them over with a solution of helenin in oil of sweet almonds. This was done at first every four hours, and quickly produced complete destruction of the false membrane. The drug was also given internally in doses of  $1\frac{1}{2}$  grains to children of six years of age, care being taken to administer the powder after the application, as the latter sometimes induced vomiting. The author had great success with this method of

treatment, but he insists on the necessity of the local applications being made by the medical man himself as far as possible, and not left to the parents. He found that when he commenced the treatment on the first day of the disease, a single day was sufficient to effect a cure; when he commenced on the second day, two or three days were required; when on the third or fourth day, from six to nine days were needed; but when he did not see the patient till the fifth or sixth day, the hope of effecting a cure was not very great. In his experience albuminuria did not occur. The only unpleasant action of helenin is its constipating effects, against which it is necessary to guard by giving laxatives.

—*Therapeutic Gazette.*

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### CASES IN OBSTETRIC PRACTICE.

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DR. WILLIAM B. LYMAN, of Wilson, Wisconsin, sends the following instructive reports:—

CASE I.—Was called to attend Mrs. L., in her third confinement, a distance of twelve miles from my office, and after a rapid drive arrived to find her in labor, having had pains for several hours. A digital examination revealed the os uteri fully dilated, the "bag of waters" yet unbroken, and a soft gelatinous mass presenting, together with a foot or hand, which I was then unable to determine. After several unsuccessful efforts to change the position of the child by bi-polar version, and concluding the presentation to be transverse from the condition already reported, together with the extreme lateral diameter of the uterus, I informed the father of the necessity for turning, and also that I could promise nothing as to the viability of the child when born, but thought it would probably be dead, anticipating in this prognosis the prolapsus of the funis, which occurred, and feeling that it would be impossible to deliver rapidly enough to save the child. After rupturing the membranes I found the cord extending about three or four inches external to the labia, and a hand and foot presenting, which proved to be the right hand of the child and the left foot, the head resting in the right iliac region. Owing to firm contraction of the uterus, I was unable

to introduce my hand, for the purpose of podalic version, for some moments, but finally succeeded, and in the effort to deliver the child rapidly, by withdrawing it by the foot, the arm engaged with the head in the superior strait. At this time I felt the cord and found no pulsation, and it felt cold. I attracted the attention of the nurse to this fact, and remarked it was useless to hope for a living child. I then dislodged the arm from beside the head, after several minutes of continued effort, and delivered. The cord was still pulseless, and there was no appearance of life in the child; but I wished to leave nothing undone, and so made efforts at resuscitation. After several minutes—possibly three—the first effort to gasp was seen, and breathing at intervals of fifteen or twenty seconds, for several minutes. The child finally revived, and is now a bright little one of several months.

I regard this as a peculiar case from the fact of at least five minutes intervening from the time pulsation ceased in the cord to the time of nature's first effort to relieve the asphyxiated new-born, and think, after this experience, I will never lay a new-born babe aside until having used every effort at resuscitation, even though the case seems entirely hopeless.

CASE II.—Called to see Mrs. D.; found her having slow but persistent dilating pains, os dilated about the size of a silver twenty-five cent piece, but thick and rigid, apparently not at full time. I gave anodynes, and in the morning left the patient comfortable. In a week I was called again, found patient had suffered same pains during pretty much the whole week. The os was dilated a little more than before, pains continued at regular intervals for twenty-four hours, during which time I remained with her. The os being still undilated, I observed that pains, although making the os rigid, failed to cause the bag of waters to make pressure against it and thus mechanically distend it. Pains were hard, and I concluded, although I had never read of similar cases, that the placental attachment was directly in the fundus of the uterus, and the membranes were too short to allow the "bag" to reach the os, especially as it became tense and fully distended with each pain.

Contrary to all teaching, I ruptured the membranes at this time, and the head descended, making pressure against the os, rapidly dilating it, and labor was normal from this time. After labor, found the opening in sac directly opposite placenta, showing my judgment to have been correct as to the location of placenta and probable cause of the tedious labor. What is the opinion of the profession as to this cause of tedious labor?—*Medical Record.*

#### DELIRIUM TREMENS CAUSED BY EATING TEA.

DR. W. B. SLAYTER, of Halifax, Nova Scotia, reports a case in which well-marked symptoms of delirium tremens were brought on in a young woman by chewing tea. The girl stated that she commenced the habit when she went to work in a factory at the age of seventeen. She said it was a very common habit, and she would chew on an average half a pound a day. It made her feel better able to work. She tried to give it up, but felt so nervous and fidgety as to be compelled to return to the old habit. On November 10, 1879, she was found wandering about the house, imagining evil spirits and people were seeking to do her harm. She was sleepless and had repeated twitchings of the muscles of the face and extremities. Three days after, she was found wandering about the wharves of the city, and she tried to drown herself. There was no marked rise of temperature, but there was violent delirium and tremulous movement of hands and arms. A hard tumor in the right iliac region was dispersed by a brisk purge, which brought away a thickish tarry-looking matter, consisting of tea leaves in various stages of maceration. In October, 1885, she had another attack from the same cause. Dr. Hughes Bennett's Physiological Committee, which came to so many decisions that have since been upset, concluded that *the motor nerves were unaffected by tea.* Dr. Bennett operated on dogs. In Dr. Slayter's case the most characteristic symptoms were *repeated and continuous muscular twitchings.*—*Homeopathic World.*

## SACCHARINE.

THE advances of chemistry are illustrated from the immense variety of useful products which it has obtained from coal tar, a substance which, a few years ago, was considered only as so much refuse material to be thrown away. Among the latest discoveries from this product is saccharine, which is about 300 times sweeter than sugar. One grain dissolved in ten parts of water, or one to 70,000, is distinctly perceptible to the taste, while one grain of cane sugar can only be detected at the utmost when dissolved in half an ounce of water. The product was accurately described by Prof. Ira Remsen, of the Johns Hopkins University, in Vol. II of the *American Chemical Journal*. In chemical language, saccharine is termed an anhydro-orthosulphamin benzoic acid. It is white powder, readily soluble in warm water, and in alcohol and ether. Professor Mosso has published the results of his studies of the physiological action of this product, in the *Archivo per le Scienze Mediche*, 1880, in which it seems that no toxic or deleterious effect is produced, either in animals or the human organism.

Notwithstanding the cost of saccharine, about \$125 a pound, it is so intensely sweet that but very little is required to produce the desired taste, and can, therefore, be used in diabetic cases with great comfort to the patient, only a grain being required to a cup of coffee. In those conditions of the stomach and the digestive tract, especially in children, where sugar and starchy compounds produce fermentation followed by more or less acidity, the new product can be used with decided advantage. Saccharine is excreted through the urine in the same condition as when taken into the stomach, and can be tasted in the urine in fifteen minutes after it has been injected under the skin. So little of saccharine is required to produce the desired effect that, notwithstanding its apparent immense cost, it will be used to a certain degree; and as in therapeutics it is to a certain extent antiseptic, and possesses none of the disadvantages of sugar, it will be looked upon as something more than a philosophical toy, and take its place as almost a necessary agent in the treatment of

certain forms of diseases. It will be a long time before its use will reach more than a few thousand pounds a year, while the product of cane sugar alone during the past year was 2,905,000 tons. This is a comfort, for inasmuch as Congress has recently legislated, after a wordy conflict, to discriminate in favor of butter against oleomargarine, it might possibly, at a later day, feel called upon to protect sugar growers against this product of coal tar.—*New York Medical Times.*

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### THREE CASES OF INANITION.

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BY THEO. L. HATCH, M. D., OWATONNA, MINN.

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I HAVE recently had an interesting experience with three cases of inanition in infants, and as weak stomachs in babies are so often the subject of the medical man's attention, have concluded to give my experience to the profession.

CASE I.—C. S., male, aged ten weeks. Was present at the birth of this child, and at birth it was a strong, hearty child; but the mother having no milk, she commenced rearing the child on cow's milk. For a time the child thrived, but the extreme hot weather of last summer was too great a tax upon its digestive powers.

At the age of ten weeks I was called to see it. The mother told me that it had had a similar attack to the one I am about to describe, three or four days previously, but had partially recovered from it. Upon visiting the little patient, I found it constantly crying. It presented a shriveled, pinched, mummified appearance, such as one never forgets after having seen it once.

I sat and studied this child carefully, and concluded that the child was not crying from pain, but from hunger, and that the entire trouble was inanition from lack of assimilation. I told the mother I did not think the child would live till I could get to town, a distance of five miles, and get some food out to it. I left a placebo to appease the anxious mother, and returned to the city. I had in my office a sample package of Carnrick's Soluble Food, which had been sent me a short time previously; I also had samples from several other manufacturers, but chose Carnrick's, not because I had any more confidence in it, but because it could be prepared without using any milk.

The father took it home, and some of it was quickly prepared and given. From the first dose, the child ceased crying, and commenced thriving at once, very much to my surprise and that of all who saw it.

CASES II and III.—These may be considered as one case, being a pair of twins, born at the seventh month; I will designate them as babies Nos. 1 and 2.

When these children were born I did not expect them to live, as they were very puny and feeble. When they were six weeks old I was called to visit them, and I found them in precisely the condition of the one previously described, except that there was not the continual crying.

One of them, which I will designate as No. 1, seemed much weaker than the other; in fact, it lay in a condition of stupor most of the time.

I had a small portion of the sample package of Soluble Food left, and ordered them to be fed with it at once. They commenced recovering at once, and continued to thrive as long as the food lasted. In the meantime I had ordered the food from both St. Paul and Milwaukee, but could not obtain it in either city.

When the food that I had left them was gone, and no more of it was to be obtained, they were placed upon the use of another food, which is in very popular use for infants, but it failed to meet the requirements, and, though the greatest of care was used in its preparation, it was but two or three days before they commenced showing signs of inanition; but this time the one designated as No. 2 failed first, dying about a week after we had suspended the use of Carnrick's Soluble Food. The other died four days later.

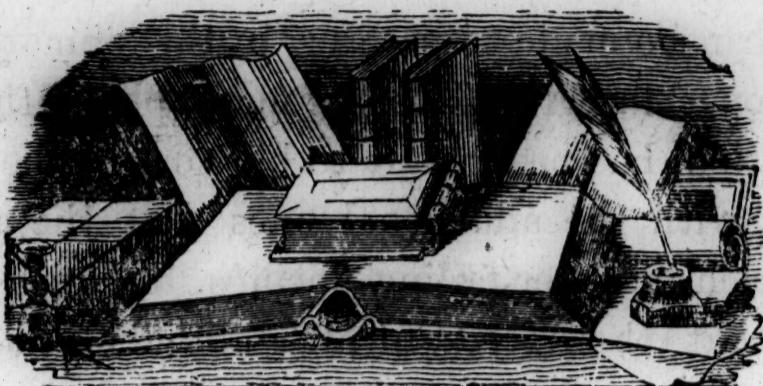
In the case of these two infants the changes for better and for worse were so decidedly marked that there could be no question as to the effect of the foods, and the parents, as well as myself, are convinced that could we have had the Soluble Food to continue with, both children would be alive to-day.

About a month ago, C. S., case No. 1, commenced showing all of the evidences of a return of the old condition of inanition, though what caused it I could not learn. Not having yet obtained a supply of Carnrick's Food, I prescribed the food that was substituted for it in the case of the other infants, but the child still failed.

In the meantime I had written a brother of mine in Chicago, who succeeded in obtaining some of Carnrick's Food of Fuller & Fuller.

As soon as it arrived the child was fed with it, and the patient is now (two weeks later) nearly restored to its former plump, healthy condition.

If my fellow-practitioners will try this preparation, I can assure them that they will not only be pleased with it, but will save the life of many a little patient that would otherwise be sacrificed.—*Theo. L. Hatch, M. D., in Northwestern Lancet.*



## EDITORIAL.

**Anti-Riparianism.**—The climate of much of California is peculiar when its latitude is considered, in that for about six months of the year, from April to November, there is no rainfall, and during that season many of the fertile lands are, to all appearance, barren, brown wastes. The products of the soil must be grown during the winter months, while there are frequent rains. Vegetation slumbers during the following summer.

These facts have proven of great advantage to a certain class of persons; immense areas of fertile land have lain waste since the settlement of the State, for the above reasons, only producing a luxuriant growth of native grasses during the winter. But the grasses are as valuable in summer as though cut down, dried, and stored in an Eastern barn. They are cured, uncut, on the ground by natural causes, and are preserved throughout the summer by the continual dryness of the atmosphere preventing decomposition. The bur clover is a growth especially rich in nutritious supplies, and the burs, falling on the ground, offer a savory feast to cattle, which lick them up and fatten on a plain which, to an Eastern or uninitiated person, would seem a browned and barren desert.

To the cattle kings of California the fact that these lands are comparatively worthless for agriculture, has been a bonanza. Immense tracts have been grabbed by them for grazing purposes, while other tracts have been considered of so little value that they have retained undisputed possession, without the necessity of obtaining a title.

But within a comparatively recent time it has been shown that desert wastes can be made to produce in this climate, if water be supplied at proper intervals, and in many places the wilderness, through irrigation, has been made to blossom as the rose.

These facts, with the additional ones that the mountains of the State are rich in never-failing springs, to moisten the fertile valleys, and that the rivers furnish abundant water for the broader plains, have led the people to demand of the legislature the legal right, in defiance of the established usages of common English law, to direct the streams from their natural channels, and multiply the homes of California, by converting waste lands into productive farms.

So much for our commonwealth. But what is the sanitary prospect? Our experience is, that there is no more intractable malarial influence than that generated by the evaporation of surfaces artificially overflowed. The overflows that attend freshets are usually accompanied by a state of the atmosphere which, in a measure, at least, does away with the pernicious effects so sure to follow the rapid evaporation into a dry atmosphere under a hot sun, when artificial irrigation is practiced for the forcing of crops.

Some portions of this State which formerly boasted a highly salubrious climate, have already been rendered pestilential by the introduction of irrigation, and the same result cannot but follow the system in other parts, unless the soil be so porous as to allow very rapid absorption, and there be no stratum of clay near the surface, in which case irrigation will be of little avail as an agricultural resort.

While the change, then, may work benefit to the State in one respect, it will reverse the old phrase, "The glorious climate of California;" for our State will become notorious as a country of paludal fevers, and more than one enthusiastic tenderfoot will immigrate hither but to pale, shrivel, shiver, curse his unlucky stars, and migrate in the end to his parental roof beyond the Rockies, to recuperate his wasted energies.

But California will find people for all her fertile homes. There have always been dwellers for productive regions, and the population will increase largely as the result of anti-riparianism.

As population and sickness increase there will be an increasing demand for physicians, and in malarial diseases no class of practitioners have been so eminently successful as the eclectics. The future, then, offers grand possibilities for thousands of eclectic practitioners in this State. We must remember that California is yet young; that not a tithe of her resources has yet been developed. Her population is yet but a handful compared with what it will be in the future, for in many respects no country under the sun holds out such inducements for people to make their homes within its borders. Within her own boundaries eclectics possess an institution which has educated a considerable number of successful eclectic practitioners, and which possesses a faculty and resources quite competent to qualify all those desiring a medical education.

The latch string is out, come in.

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**Scutellaria Lateriflora.**—This old time favorite with many of the early eclectics, as a calmative and anti-spasmodic is developing some positive special uses which promise to commend it more highly to modern therapeutists.

The time is past when the empirical use of drugs finds much favor. True, there will always be a class of men who will never care to investigate the merits of a remedy very closely, but that class will grow beautifully less as the march of progress and the patronage of the public leave them in the obscurity of the past. Success will demand of every one the closest acquaintance with the different agents of the *materia medica*.

Scull-cap has recently been highly commended in that annoying and often persistent condition known as enuresis. We have known it to relieve this condition promptly, and have received flattering reports for it from several quarters. Just the class of cases where it answers best is not yet clear. Perhaps it would be well to admit that its use in this respect is yet somewhat empirical, but it is something of an advance to know that the single remedy acts positively in a portion, at least, of the cases of incontinence. Probably those cases where the condition is

the result of irritation of the sympathetic ganglia, or the plexuses with which the nerves supplying the vesical muscles communicate, are the ones in which we may expect the greatest good.

Dr. Hale, who has purloined much from the eclectic *materia medica* and engrafted it into the homeopathic school, has made something of an advance upon the old use of this agent, in recommending it in cases of cardiac disturbance. Doubtless the older eclectics derived the same effect from *scutellaria* many times, but they failed to put it on record. The great failure with the eclectic school is, that many of the most successful practitioners live and die in obscurity, never allowing their lights to shine, but hiding them under bushels. Not long since we were in conversation with one of our well-known California eclectics, who surprised us with the advocacy of some valuable original discoveries in therapeutics. Possibly in some future number of the JOURNAL these may see light. We insisted, then, that he write some articles for the JOURNAL, and deliver himself for the good of his neighbors, and a promise to do so was rather reluctantly given.

Cardiac irritability and nervous palpitation are the conditions in which Hale recommends the drug. He refers to a proving made by Dr. Gordon. One of the prominent symptoms elicited by this proving was irregular action of the heart, due, probably, to derangement of the cardiac plexus. In the cerebral diseases of infancy this irregularity is often noticed. Dr. Vandenburg recently contributed an article to the *American Homœopathist*, in which he furnishes the details of some cases of cardiac palpitation, in which *scutellaria* cured when other remedies failed. We quote that portion of the article in which the cases are described:—

“ It is about three years since I first began to use the tincture of *scutellaria lateriflora* and its dilutions. The following are some of the cases:—

“ Mrs. ——, a hard-working farmer’s wife, of Irish extraction, robust, between forty-five and fifty, was attacked with inflammatory rheumatism in March, 1884. After she had been suffering for two or three days, I was called to see her. Both knees

were swollen, also the ankle of the left side (the first attacked), together with her left shoulder and wrist. This attended by great pain night and day in all these places. Much worse from the least motion; sweat frequent, great thirst, temperature  $104\frac{1}{2}$ . A few days of ac. 3<sup>x</sup>, bry., 3<sup>x</sup>, alternating, and followed by puls. 3<sup>x</sup>, relieved the attacks. There were no heart complications. But in June of the same year a second attack, brought on by getting wet in a rain-storm, did produce, from the first, heart trouble. It was soon allayed (my call-book shows but two calls) by aconite 3<sup>x</sup>.

" This attack left an irritability of the heart, with indistinct first sound, or rather the first sound was slightly obscured, and more or less trouble from palpitation followed. The attacks came on under excitement or extra exertion. *Scutellaria* 3<sup>x</sup>, two or three drop doses, controlled the heart trouble readily, and she kept the remedy by her all summer. During the following winter to the present she has had little trouble from the heart, and no renewed attacks of rheumatism. It is now more than six months since she has called for medicine.

" A number of cases of nervous palpitation have been quickly relieved every month of my practice by the use of one to three drops of the 2<sup>x</sup> to 3<sup>x</sup> dil. once or twice a day for a few days, and these it is not necessary to describe.

" A second case of organic heart trouble is of more interest.

" Mr. ——, thirty-five years old, a strong, large-framed, six-foot farmer, called at my office to show an angry-looking ulcer on left ear; base whitish, depressed, oozing a watery fluid. On the left side of his chest, extending from breast downward, was an eruption oozing in a similar way, of the size of two hands, so he said; the whole beginning with a few pimples that spread rapidly as soon as scratched. The itching was so intense at night that he could not forbear scratching, and this only made things worse. So much so that he had not had a single night's good rest for a fortnight. Before the eruption he had been troubled more or less constantly with sharp pain in the region of the heart, great dyspnoea on exertion or excitement, and tormenting restlessness at night. Now there was no pain at all in the heart. Auscultation showed strong obscuration of first sound.

" The prescription, however, was graphites 4<sup>x</sup>, trit.  $1\frac{1}{2}$  gr. powder morning and night, and graph. oint. (Boericke & Tafel's), used in very small amounts, twice or thrice a day. In five days he returned perfectly cured of the eruption on the chest and ulcer on the ear, but complaining of the old, sticking, stabbing pains in the heart, and the still restless nights.

"As soon as he had worked for an hour or so in the morning, he had to go to the house and rest nearly as long before he could do anything more.

"Pulse was irritable on least exertion; nights very restless, much of the time spent in walking the floor from pain; appetite poor, and he himself generally discouraged.

"*Scutellaria 1<sup>x</sup> dil.*—three drops, gradually increased to five—morning, mid-forenoon, mid-afternoon, before supper, at bed-time. Six days after, he called at my office and said: 'Doctor, I never had a medicine take hold of me so before. I was better right off. In two days all the pain left me, and I have slept all night, right through, for the last two nights. I eat better and I feel better than for a year past.'

"His history showed an acute attack of rheumatism in March, 1855. He went away a happy man, and I turned to my medicines with greater faith in *scutellaria lateriflora*."

**Oleum Olivae.**—We have lately been more than ever impressed with the remarkable influence exerted by this agent in certain affections of the chylopoietic viscera. In curing the tendency to the formation of gall-stones, it has no equal, and it seems to influence the pancreas in such a manner as to improve its functions when there is lack of digestion of fatty food. Within the last six months we have been observant of two cases where large quantities of fatty material were voided in the faeces, the material resembling calcareous material upon superficial inspection, but proving to be a hardened, waxy fat, which burned readily. In both these cases, after much ineffectual effort, olive oil in liberal quantities proved speedily curative. In these cases, there was severe pain in the right hypochondrium, and this remedy relieved this almost immediately. The peculiar faecal evacuations also ceased to appear soon after the remedy was employed, though they had been voided for two months or more in one case.

It is singular that the administration of an oil should furnish an organ with power to secrete a fluid to digest another oil, but such is not inconsistent. Probably there resides in the oil of the olive some peculiar organic principle, which specifically affiliates with the tissues of the liver and pancreas.

**Not a New Local Anæsthetic.**—A few years ago while suffering with a very painful pharyngeal inflammation of subacute character, which threatened to drift into a chronic form, the writer was forced to cast about considerably for a remedy which would afford temporary relief from the burning pain experienced in the part. Carbolic acid was not entirely satisfactory; it left too much irritation behind, and was not pleasant to the taste. Chlorate of potash aggravated. Aconite, phytolacca, and belladonna all fell short; penthorum was slow in action. Finally the essence of peppermint was tried and found pleasantly acceptable and efficient in the form of a spray. The anæsthetic influence of the mentha piperita is well known to the most of our readers, but they, after all, are apt to forget it in practice—the agent is too common.

Recently we have been using it as a vaginal douche, to relieve the pain following trachelorraphy. Usually the pain in these cases is not severe, but when it is, this agent, in the proportion of two teaspoonfuls to a pint of water, the water to be used as hot as can be borne, about 140° Fahr., will do much to relieve the pain, and is much to be preferred to the use of opiates. The douche may be repeated every two, four, or six hours, as required.

**The Mutual Aid Society of the National Eclectic Medical Association.**—One of the important results of the last meeting of the National, at Atlanta, was the final perfection of the Mutual Aid Society, to which the attention of our readers was called several years ago, and which has been in process of development for the last three years. The following circular letter from the secretary explains itself:—

DEAR DOCTOR: The Mutual Aid Society of the National Eclectic Medical Association is now fully organized and in operation. By the terms of its Constitution all members of that body who are in good bodily health, are eligible to membership. The entrance-fee of five dollars, to be paid immediately, is sufficient to entitle all such to participate in its benefits.

In all other cases the application for membership must be made to the secretary of the Eclectic Medical Association of

the State in which the applicant resides, or to the director of this Society, appointed by association of such State.

When, therefore, becoming a member, you will please give the name and residence of the beneficiary to receive the amount to be paid by this Society in the event of your death.

You need no argument in behalf of this Society. It is fraternal, co-operative, humane, and beneficial in its every influence. Those who are allied in one common profession and actuated by a common purpose, will thus be bound more closely together by this common interest. By bearing one another's burdens we fulfill the Great Law.

Yours truly,

ALEXANDER WILDER, *Secretary.*

565 Orange Street, Newark, N. J.

That our readers may better understand the proposed operation of this Association, we reprint its Constitution and By-laws below.

## CONSTITUTION.

### ARTICLE I.—NAME.

This association shall be known as the MUTUAL AID SOCIETY of the National Eclectic Medical Association of the United States of America.

### ARTICLE II.—OBJECTS.

The object of this association is to maintain a society for mutual aid for the benefit of families of eclectic physicians; and for this purpose to conduct its business with the least expense possible consistent with its successful operation, and to that end its organization shall be secured and maintained through its relations with the National Eclectic Medical Association, but it shall not be governed by that body.

### ARTICLE III.—MEMBERS.

The membership of this association shall consist of individuals belonging to the National Eclectic Medical Association and others duly recommended from auxiliary medical societies and accepted in pursuance of the rules and regulations of this association. All persons becoming members shall pay the sum of five dollars into the treasury; and shall also upon the death of any member of this association, pay the sum of two dollars and twenty cents for the purpose of benefit to the person or persons entitled

to receive the same, and upon failure to make such payment within sixty days from date of assessment shall forfeit his membership, and have no claim whatever for the moneys already paid; but such forfeiture shall not prevent reinstatement on condition of paying all arrearages.

#### ARTICLE IV.—OFFICERS.

The officers of this association shall consist of a President, Vice-President, Secretary, Treasurer, and General Medical Examiner, to be elected at the annual meeting, and hold office till successors are duly chosen. They shall have the powers and perform the duties usually attached to such offices. The State medical associations auxiliary and represented in the National Eclectic Medical Association are respectively entitled to choose a director of this association, and also an additional director when the number of beneficiaries received from such State association shall exceed ten. The said directors, together with the officers of this association, shall constitute the Executive Board of Directors, with authority to conduct the regular business of this association and make any rules which may be deemed necessary for their government, not conflicting with this Constitution and By-Laws. The number necessary at a meeting of the Board shall be three, two of whom shall be the officers of this association as here named, due notice by mail, or otherwise, having been given to all the directors.

#### ARTICLE V.—MEETINGS.

The annual meeting of this association shall be held on the third Wednesday of June in each year, at the place where the National Eclectic Medical Association shall also hold its annual meeting, at such hour as the members of the Executive Committee in attendance shall designate. The members in attendance shall elect a President, Vice-President, Secretary, Treasurer, and General Medical Examiner; and shall transact such other business as may be necessary. Other meetings may be called by order of the president and secretary, or by any five of the Executive Board, the time of the meeting being stated in the call, and in some place convenient for the purpose.

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**ARTICLE VI.—AMENDMENTS.**

This Constitution shall not be amended except the proposed amendments shall have been offered at a meeting of this association preceding the one at which the vote shall be taken upon the same. The Executive Board may also propose amendments, but a copy of them must be delivered, or mailed to each member at least two weeks before the next meeting of this association. A vote of two-thirds of all members present shall be necessary for the adoption of any amendment.

**B Y-L A W S.****I.—MEMBERS.**

All members of the National Eclectic Medical Association at the time of the formation of this society who are in good bodily health shall be eligible to membership, as herein prescribed. In all other cases the application for membership must be made to the secretary of the Eclectic Medical Association of the State in which the applicant resides, or to the director of this society appointed by such association. The application shall state that the person is an eclectic physician in reputable practice, under sixty years of age, and in good bodily health. He must furnish a physician's certificate of examination to that effect; and also a statement of his good professional standing, attested by the president and secretary of the State association as aforesaid. When there is no such association, the Executive Board may prescribe regulations for admission, which shall correspond, as near as may be, with the requirements here given. Any fraud or deception in regard to age or health shall bar the right of a beneficiary to collect dues.

**II.—APPLICATIONS.**

Applicants shall give the names and residence of the beneficiaries contemplated; and members making any change in this respect shall give notice to the secretary of that fact, and state the names in full, and correct post-office address. Omission in these particulars shall exonerate this society and its officers, in case of any failure to make payments.

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**III.—FINANCE.**

All applications, duly authenticated, shall entitle the individual to membership, upon his payment of the entrance fee. The money so required, shall be presented with his application, and shall be set apart to defray the necessary expenditures of this society, and to pay the amount to which the next beneficiary shall be entitled.

**IV.—EVIDENCE OF DEATH.**

Beneficiaries shall, in all cases, furnish the secretary, at their own expense, the proper evidence of the death for which they claim the benefit, and the affidavit of the undertaker and three reputable persons shall constitute such evidence.

**V.—ASSESSMENTS.**

The secretary, immediately upon receiving due notice of the death of a member, shall address a notice to every member, announcing the fact and asking the assessment fee of two dollars and twenty cents, and shall also write to the editors of three or more eclectic medical journals, asking them to publish the death in their next issue. Within sixty days after the reception of the notice of death as aforesaid he shall advise the president to authorize the treasurer to pay the amount due to the beneficiary who shall receive the same through a guardian or attorney.

**VI.—DELINQUENTS.**

The secretary shall duly report to the president the names of members who are in default of payment of an assessment, and he shall admonish the delinquent by letter, and a second delinquency shall constitute a valid ground for expulsion. Any member so dropped may, however, be restored to membership upon paying all arrearages of dues, provided he be less than sixty years of age, and shall pass a physician's examination satisfactorily.

**VII.—EXPENSES, ETC.**

The treasurer shall report annually the financial condition of the society. All expenses legitimately incurred for postage and stationery, and the adjustment of disputed claims, shall be a lawful charge upon the treasury. The officers of the society shall not be entitled to compensation, except the secretary, who

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may receive such a sum for services as the Executive Board shall consider just and proper.

Officers for 1885-86—President, S. B. Munn, M. D., Waterbury, Conn.; Vice-President, Henry B. Piper, M. D., Tyrone, Penn.; Medical Examiner, Milton Jay, M. D., 513 State Street, Chicago, Ill.; Treasurer, Lorenzo E. Russell, M. D., Springfield, Ohio; Secretary, Alexander Wilder, M. D., 565 Orange Street, Newark, N. J.

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**Professor Maclean at Home.**—Prof. D. Maclean, our dean, has been spending a few months in old Mexico, investigating natural history and mineralogy, while recuperating his health. He has recently returned, and may be found at his office, 330 Sutter Street, San Francisco.

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THE health authorities of Detroit, Mich., finding the sewerage in a bad condition, with a great mortality from diphtheria, scarlet fever and analogous diseases, went to work vigorously, and put into the two hundred miles of the city's sewers 275,000 pounds of sulphate of iron, and burned in the sewer man-holes, under cover, three tons of sulphur, the gas from which was found to pass freely through the whole drainage system of the town. In such close connection with this disinfection that it must be reasonably regarded as its effect, it is reported that there followed a marked diminution in the number of cases of, and deaths from, diphtheria and scarlet fever—in fact, almost a total cessation of those diseases.—*New York Medical Times.*

## MISCELLANEOUS PARAGRAPHS.

THE German for pharmacist is, or should be, according to the *British and Colonial Druggist*, *Gesundheitswiederherstellungs-mittelzusammenmischenskundiger*.—*Medical Age*.

“ERG,” remarked the Professor to his class, after a long preamble; “Ergo”—then he stopped to take breath. “Well, let ‘er go,” sang out one of the students, and the conclusion was ruined.—*Ex.*

STOMACH vertigo, where the attacks happen in the night or early morning, Professor Da Costa often treats successfully by having the patient take a late supper of some easily digested food.—*Archives of Pediatrics*.

A NEW SOCIETY.—The editor of this journal has lately (May 17, 1886) joined a Mutual Admiration Society, membership limited to two members. The vice-president, that was but now Miss M. E. Hall, of Paxton, Illinois, is the other member.—*Indiana Eclectic Medical Journal*.

PYRIDINE IN ASTHMA.—Pyridine is the product of distillation of pit coal, and is a liquid, colorless, very volatile, and has a strong and penetrating odor. The best way of administering it is to put one dram in a saucer, in the center of a small room, the patient inhaling it with the air. It is used also in cardiac asthma and oppression.—*Eastern Medical Journal*.

“A HAIR OF THE DOG THAT BIT HIM.”—In Italy, a living scorpion is dropped into a wide glass bottle which contains a few drops of olive oil of the finest quality. More oil is poured on instantly, until the bottle is filled, with the scorpion dead. In its struggles to free itself, it ejects all its poison into the oil, and this poisoned oil forms a sovereign remedy for the sting of a scorpion.—*Medical Advocate*.

HE SENT IN HIS BILL.—Indignant father—“Here is a pretty state of things.” “What’s the matter?” “A young doctor who has been engaged to my daughter for the last two years, and been calling on her most every evening, has broken off the match.” “Well, I expect it is a good thing to get rid of him.” “I don’t mind his breaking off the match, but the scoundrel has the cheek to send me in a bill for all the calls he has made on her.”—*Texas Siftings*.

SENATOR STANFORD has sent to the German Land and Cattle Company a quantity of seeds for distribution, which will be sent, free of charge, to any one applying for them. Address, German Land and Cattle Co., 123 California Street, San Francisco, Cal.

ACONITE AS A TÆNIACIDE.—The *Medical Bulletin* cites three cases of tape-worm reported by Dr. Robertson, of Detroit, Michigan, in which aconite was successful in expelling the parasite. "Great caution will be necessary, however, in the administration of the remedy. The dose should not exceed five or ten minims of the tincture. The pulse should be carefully watched, and free catharsis should be induced as soon as two or three doses have been administered," the doses being repeated hourly.

THE editor of the Kansas City *Medical Index*, says: "It has been my fortune to see a young and lovely virgin brought to one of these speculomoniacs, seized and placed upon the gynæcological altar, her clothes pulled up, hymen ruptured, speculum introduced, and probe pointed at the cervix, before the astonished maiden could explain that she sought the services of his majesty, the gynaecologist, for an epilepsy caused by an injury to the head."—*Peoria Medical Monthly*.

CUTANEOUS ANODYNE.—Dr. R. C. Gough (*Virginia Medical Monthly*) recommends the following as the best lotion he has ever found for itching cutaneous surfaces, whether the skin is broken or not. He has used it with marked success: R. sodii. bibarat, 3j.; acid carbol., gtt. xv.; glycerine, 3j. M. Sig. Apply as lotion with camel's hair brush, or by dropping from the bottle on the itching surfaces.—*American Medical Journal*.

THE "hemorrhage trick," so-called, has been practiced upon a number of good people in the suburbs of Boston within a few weeks past. A poor man is found lying on the ground with much bright blood upon his lips and his attire. A Good Samaritan comes that way, to whom the afflicted man explains that he has accomplished most of the distance from Jerusalem to Jericho on foot, in search of work, and could easily have finished the journey had he not had this bleeding from the lungs. The Good Samaritan, moved with pity for the man's sad condition, does not exactly set him upon his own beast and take him to an inn, but, after the changed condition of the nineteenth century, renders an equivalent service. He gives the sufferer a bank note, and advises him to take the first train for a hospital. Such a one recently met a fellow Samaritan who had a similar experience the previous day upon the same road, and the two com-

pared notes. Investigation has shown that there is in Jerusalem a store-house from which "hemorrhage material" is supplied to whoever of the brotherhood of the wayfarers requires it. Meantime, the priest and the Levite are disposed to rejoice over the Samaritan, and are confirmed in their policy of passing by on the other side.

THE murderers have discovered some astonishingly vulnerable parts of the human anatomy of late. From a paper this morning we learn that a Georgia colonel was "shot in the ticket office;" the other day a man was fatally shot "through his door," and not long ago another received a fatal wound "in his window."—*New York Commercial Advertiser*.

He kissed her passionately upon her reappearance.—*Jefferson Souvenir*.

She whipped him upon his return.—*Hawkeye*.

He kissed her back.—*Constitution*.

She seated herself upon his entering.—*Albia Democrat*.

Mr. Jones walked in upon her invitation.—*Electric Light*.

We thought she sat down upon her being asked.—*Saturday Gossip*.

She fainted upon his departure.—*Lynn Union*.

He kicked the tramp upon his sitting down.—*American Pharmacist*.

We feel compelled to refer again to the poor woman who was shot in the oil regions some time ago.—*The Medical World*.

And why not drop a tear for the man who was fatally stabbed in the rotunda, and for him who was kicked on the highway? For all of the above we are indebted to the *Medical Age*, but it fails to mention the fact of the woman being accidentally shot in the water works, or the man injured upon the long bridge.

**FATAL CASE OF IODISM.**—Dr. D. E. Bottorff, of Ashtabula, Ohio, reports the case of Mrs. —, aged 55 years. She had had for many years an enlargement of the right lobe of the thyroid gland. Fearing it would enlarge, she took syrup of the iodide of iron in doses of twenty drops, thrice daily. In addition, she used locally an ointment of iodine and camphor. In about five weeks she discovered a tremor of the limbs, unsteady, staggering gait, and rapid action of the heart, compelling her to desist from work. This condition increased; the pulse was 140, and very weak. The tremor of the limbs increased; she became unable to stand without assistance. Hysterical nervous symptoms appeared; violent vomiting came on; the mouth and throat were both dry, so dry, in fact, as to make swallowing difficult. Starchy foods

taken were ejected in large quantity, of bluish color, showing the reaction of iodine, although none of the drug had been taken for several days. Slight soreness appeared in the hypochondria, with tenderness over the stomach. Bowels were inactive. A very annoying feature of the case was an accumulation of tenacious phlegm in the throat, which was expectorated with great difficulty. About a week later, the mouth and throat became so sore she could scarcely swallow. The breathing was short; the limbs were cold; the tremor had ceased. The limbs became completely paralyzed in a few days more, the paralytic action extending to the organs of deglutition and respiration, and the mind became clouded. Ptyalism came on, and twenty-four hours later, death closed the scene.—*Medical Advance, January, 1886.*

THE REMOVAL OF LOOSE CARTILAGES FROM JOINTS.—The New York correspondent of the *Atlantic Medical and Surgical Journal* thus describes an operation of Dr. Sands at the Roosevelt Hospital: Dr. Sands' method of operation is different from the usual mode. He finds the cartilage and transfixes it with an awl (a fine surgeon's needle mounted in a handle). This he considers very important, as it preserves the cartilage from becoming lost, and he never operates without accomplishing this. The opening into the joint was made in a different line from the external incision, so that the latter was not over but to one side of the former. The cartilage was removed from the joint with a tenaculum. The spray was not used, but the incisions were made and wound closed under irrigation with solution of bichloride of mercury (1 to 1,000). No drain was left, and the deeper tissues were not stitched together. The external wound was closed with a continuous cat gut suture. The wound was dressed as follows: first, two layers of sublimated gauze; over this was placed a pad of wood-wool, which extended around the leg; each of these was bandaged separately with a bandage of sublimated gauze. The leg was then extended on a posterior wooden splint, which was furnished with a foot piece and extended to the upper third of the thigh; the splint was padded with wood-wool, and the leg securely bandaged to it. The doctor thinks this heavy dressing keeps them more quiet than they would be kept without it. The patient is confined to bed two weeks, at the end of which time the dressing is removed and the patient goes out.—*Northwestern Lancet.*

PAPAIN.—Its properties, as determined by Prof. Finkler, are: 1. It digests equally in acid, alkaline, or neutral fluids best of all, in water. 2. It will dissolve 1,000 times its own weight of fresh

blood-fibrin. 3. Its action is increased by the presence of pepsin and pancreatin. 4. It acts at the temperature of the body. 5. Meat infused with a solution of papain keeps, while undergoing a softening process, much longer than it does without it. From this it can be inferred that it has an antiseptic as well as a peptonizing action. 6. The product of its action is a pepton, which, from its properties, may be taken to be Meissner's *c* pepton. 7. Papain adheres to albumen to such a degree as to prevent its being removed by protracted washing with water. 8. Papain, in contrast to pepsin, acts when the resulting pepton solution is highly concentrated. 9. The addition of antiseptics, such as salicylic or carbolic acids, does not interfere with its action. Hence, in papain (Finkler), we have apparently an ideal digestive ferment.—*New York Medical Times*.

REACTION OF THE GASTRIC SECRETION AND ITS RELATION TO CHOLERA INFECTION.—Koch's observations show that the comma bacillus is the cause of cholera. It has also been said that the alimentary canal is the only mode of entrance of the bacillus into the system, and that the comma bacillus is neutralized or killed by acid. This last assertion has been positively proven by experiments. The above propositions involve a contradiction, to settle which Dr. Matthew Hay has experimented on the chemical reaction of the gastric secretion of cats when the stomach was empty of food or contained only water or a neutral saline solution. Invariably, he found an alkaline reaction. If any solid food, even a single meat fiber, was present, an acid reaction was found. Professor Ewald has, at the request of Koch, experimented on human beings. He found that when water was introduced into the stomach of a fasting man, it had a neutral or alkaline reaction so long as it remained in the stomach. This he ascertained by removing portions of it from time to time by means of a stomach tube. This is of great importance in connection with the ingestion of the cholera bacillus; for if acid solutions destroy the bacilli, then, if they be swallowed when the stomach contains food, they run the chance of being destroyed by the acid of the gastric contents. If, on the other hand, they be swallowed in water, as it is believed they generally are when infection occurs, and the stomach be previously empty, then the bacilli will assuredly pass safely through the stomach into the intestines, where they find a suitable *nidus*. The practical conclusion to be derived from Hay's experiments is that in time of a cholera visitation, when there is great liability to pollution of the water with the choleraic bacillus, one should carefully avoid drinking water after a long fast, except some solid food has been previously taken, and should especially avoid doing so before breakfast.—*British Medical Journal*, March 13, 1886.

## PUBLISHERS' COLUMN.

**HORSFORD'S ACID PHOSPHATE.**—Dr. H. P. Atherton, Great Barrington, Mass., says: "I have been using and prescribing your Acid Phosphate for a number of years. The results have been so satisfactory as to justify me in giving it my unqualified indorsement. I have found it a refreshing and exhilarating beverage during summer months. In a case of reformed inebriety, I have observed its restorative effect in toning up the system and correcting the nervous derangement of the subject.

**H. O. MACKERS, M. D.**, Corry, Pa., says: I gave Celerina to a lady, aged about 42 years, who has been an invalid for many years, suffering from functional disease of the stomach, heart and head, atonic dyspepsia, vertigo, palpitation of the heart, intercostal neuralgia, hysteria, and in fact nearly all the symptoms arising from cerebro-spinal exhaustion have been her bane for a long time. From the recommendation of Celerina and my knowledge of the properties of the remedies of which it is said to be compounded, I thought this would be a proper case to test its virtues. I accordingly prescribed it in teaspoonful doses four times a day and a mild laxative pill at night when necessary to keep the bowels soluble, and was happy to hear her say, before the bottle was all used, that she believed I had found the antidote for her ills.

Another lady of about middle age suffered from atonic dyspepsia and insomnia. I prescribed a proper diet and nearly all the hypnotics I could think of, but nothing except preparations containing chloral and bromides seemed to procure sleep. I gave her Celerina, and since she has been taking the second bottle I have heard no complaint for want of sleep.

**MAURICE HACHE, M. D.**, 8 Rue de Tournon, Paris, May 18, 1886, says: I have tried Bromidia in two cases, one patient suffering from a slight febrile affection, the other a victim of acute insomnia; in the latter case various preparations of opium had proved useless and the administration of chloral was followed by lassitude and congestion in the head.

Bromidia produced sound sleep in both of these cases, unaccompanied by any unpleasantness on awaking. In my opinion this preparation is destined to render good service, and I intend prescribing it whenever the opportunity presents itself.

**A PREPARATION OF HYDRASTIS FREE FROM BITTERNESS.**—Heretofore I have not favored Hydrastis on account of its color and bad taste. I tried Lloyd's Hydrastis for summer complaint in

children and stomachic troubles in grown persons. This preparation is the only one I ever used with success. All others were too ugly in taste, and too disagreeable in color.—*Dr. W. M. Finley.*

**THE MICROBES IN MILK AND WATER.**—It has been calculated that in a cubic centimeter of milk—about twenty drops—there may be between 2,000,000 and 3,000,000 microbes, and possibly hundreds or thousands of different kinds; and the next twenty drops of milk may contain as many more varieties. The microbes in a drop of water taken from the well may consist in a number of straight rods; at the end of an hour these rods break in two, and in another hour another division takes place, the number doubling about every hour. Every minute that the water is exposed to the air adds to its hundreds of microbes; and yet water is pronounced good or bad, according to what the analyst sees through his microscope, or thinks he sees, when the water finally reaches him in his laboratory.—*Medical Record.*

**POISONOUS FISH.**—In an article on “Poisonous Fish, and Fish-poisoning in China,” in the *Chinese Recorder* for February, 1886, Dr. D. J. Macgowan says that the flesh of the porpoise is regarded as one of the greatest delicacies, but that it is apt to be exceedingly poisonous, many persons dying every year from eating it. All cases of fatal poisoning, however, appear to be due to neglect of certain precautions that should be observed, as the rejection of certain portions of the fish, and long boiling of the part that is to be eaten. The symptoms are those of paralysis of the extremities and tympanitis.—*Medical Record.*

**GERMAN MEASLES.**—Kraatsch points out a sign of “German measles,” which is almost pathognomonic according to his experience, having been present in every case he met with in one epidemic. This is an enlargement of the cervical lymphatic glands, particularly those over the mastoid process. In most cases there is also an enlargement of the glands of the axilla and groin. This glanular enlargement has never been observed by Kraatsch in cases of common measles.—*Archives of Gynæcology.*

**POISONOUS REPTILE AND SNAKE BITES.**—The *Journal Pharm.*, of Melbourne, reprints a letter from a German doctor, resident over twenty years in Brazil, in which he says: “Since Dr. Lazerda discovered permanganate of potash to be an infallible antidote, every farmer keeps some in his dwelling.” In the case of a young negro woman, bitten on the finger by a *Javaraca pregosa*, two hours elapsed before the patient was seen; her arm was enormously swollen and blood was oozing out of her eyes and mouth.

One-third grain permanganate of potash was injected under the skin of the lower arm, and, half an hour after, the same amount in the upper arm; in two days she was at work the same as usual. The solution, in water, should be made just before using.—*N. Y. Medical Abstract.*

**ELECTRICITY IN NEURALGIA.**—Mr. Onimus, of Switzerland, says: “The success of electricity in the treatment of neuralgia is influenced by the direction of the current, the downward current being found to have a more sedative effect than the ascending. Exceptions to this rule are nearly always due to faulty arrangements of apparatus, or errors in diagnosis. Frequently, for example, pains in the lower limbs are treated for sciatica, which are really originated by commencing sclerosis, or even by cerebral affections.—*Georgia Eclectic Medical Journal.*

**BROWN-SEQUARD'S MIXTURE FOR EPILEPSY.**—Take of iodide of potassium 8 parts, bromide of potassium 8 parts, bromide of ammonium 4 parts, bicarbonate of potassium 5 parts, infusion of calumba 360 parts. Dissolve. A teaspoonful before each of the three principal meals, and three dessert spoonfuls on going to bed. The solution should be given diluted in idiopathic epilepsy. If the pulse of the patient is feeble, the potassium bicarbonate is replaced by ammonium carbonate, while for the 360 parts of calumba there are substituted 60 parts tincture calumba, and 270 parts distilled water.—*American Medical Journal.*

**THE BEST VEHICLE FOR QUININE ADMINISTERED TO CHILDREN.**—Dr. Keener says (*New England Med. Monthly*): “Until the syrup of yerba santa was put upon the market, I had great trouble in finding a suitable vehicle for the exhibition of quinine to children. While the licorice and the *ulmus* preparations and the tannic acid formula were measurably useful, they were inadequate, when large doses were given, or when the quinine was to be used for a considerable time. I depended on its use *per os* till the stomach had become tolerant to a solution of quinine in water and sulphuric acid, and then resorted to its use *per enema*. My experience with the syrup of yerba santa is such as to warrant me in saying that it deserves the confidence of the profession as a menstruum whereby the sulphate of quinine cannot only be rendered tasteless, but absolutely palatable. Five grains of quinine are rendered tasteless in one dram of the syrup.” It is prepared by Parke, Davis & Co.—*Medical Age.*

**NO STAIN OR DAMAGE.**—I could not get along without hydрастis, and I have used more than a dozen preparations of it.

No other preparation will compare with Lloyd's, and I never saw any other used as a local application equal to it. I used it in diluted form with spray, and snuffed up the nostrils in severe ulceration of the fauces; also in chronic gonorrhœa, prostatitis, and leucorrhœa. I have given this elegant preparation of hydrastis canadensis a thorough and impartial trial. Hydrastis is a grand medicine, and in the form we now have it, certainly stands in the front rank as a local application to any ulcerated mucous surface, with excessive discharge. It will be the favorite preparation of hydrastis, and it fills the bill to the gratification of patient and physician, leaving no stain or damage. DR. W. E. RYAN.

**VALUABLE SUGGESTIONS IN THE USE OF LACTATED FOOD.—**  
**MESSRS. WELLS & RICHARDSON Co.—***Gentlemen:* Having requested me to give you my opinion, as a food expert, upon your "Lactated Food," I do so herewith. You state that it contains "the purified gluten of wheat and oats with barley diastase and malt extract combined with specially prepared milk sugar;" in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct. The food then contains carbo-hydrates, some albuminoid matter and the various salts in grain, notably phosphate of lime. Such a food can be added to milk and treated in the manner you describe in your leaflet. So prepared with milk it forms an admirable food for infants and dyspeptic persons who require very digestible aliments. But it has a wider range of utility. The body temperature is kept up by the combustion of grape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch, or the soluble sugar. Starch forms a great portion of our food and is converted into grape sugar within the body, where the system is unequal to the digestion of starch, as in feeble digestion, or conditions of acute disease, then predigested starch must be furnished to the organism. Otherwise the system will perish of exhaustion just as a fire dies out when its fuel is consumed.

Beef tea contains nothing which can form grape sugar, and in fact is a pleasant stimulating beverage or food adjunct, but without food value practically. (For what food value it has is so infinitesimal that it is not worth counting.) But when it has added to it a food such as your Lactated Food it has a distinct measurable food value. Consequently such food should be given with beef tea, and the compound forms a valuable food. When Lactated Food is placed in water hot enough to be sipped, a rapid transformation of the starch remaining in it (by the diastase it contains) goes on; and a nutritive fluid is the result which re-

quires but a minimum of the digestive act. Such fluid can be flavored and drank as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves, or other flavoring agents to give variety—a matter far too much neglected in the treatment of the sick—it can be largely used; or wine, either red wine, as claret, or sherry, or port, can be added to it when a little stimulant is required; and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, predigested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such predigested starch and milk sugar are indicated and useful; persons of feeble digestion require these soluble carbo-hydrates which they can assimilate. But to my mind an equally great matter is the feeding of persons acutely sick, and specially where there is pyrexia, who now are allowed to perish of inanition on the mistaken conviction that beef tea is a sustaining food. It is in the sick room that soluble carbo-hydrates have a great future before them.

J. MILNER FOTHERGILL, M. D.,

*110 Park St., Grosvenor Square, London, W. England, November 13, 1885.*

EDITOR NORTHWESTERN LANCET: Not long since I had brought to me a child of six months, suffering from the following symptoms: Constipation, at times irregular action of bowels, regurgitation of food, and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment. It had been given a number of infants' foods, in vain, one of which I prescribed myself. By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally I gave "Carnrick's Soluble Food," and had the satisfaction of having it retained, and at last accounts the child was doing nicely. I am inclined to think this food is worthy of attention on the part of the profession. It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur. It requires no addition of milk. It has the advantages and none of the disadvantages of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

Very truly, C. F. DENNY.

*St. Paul, June 1, 1886.*